

## CAMPAIGN FINANCIAL DISCLOSURE REPORT SUMMARY PAGE

P. 1.61

(Please Print or Type)

| ~ | ٠, |   |   |  |
|---|----|---|---|--|
| 1 | •  | Ю | m |  |
|   |    |   |   |  |

| occuon 1   |                         |   |                              |                                 |  |  |
|--|-------------------------|---|------------------------------|---------------------------------|--|--|
| Name of Candidate or Political Comm  |                         |   | Office Sought (if candidate) | District (if any)               |  |  |
| Marvin Ric   | hardson                 |   | State House                  | 11 A                            |  |  |
| Mailing Address  | Check if address change | City and Zip                            | Home Phone                   | Work Phone                      |  |  |
| 4250 Valley  | Jien Ln                 | Emmett 83617                            | 365-4242                     | P69-2619                        |  |  |
| Name of Political Treasurer  |                         |   | ,                            |                                 |  |  |
| Marin Rich<br>Mailing Address  | Check if address change | I diametria                             |                              |                                 |  |  |
| ·  | _                       | 1 | Home Phone                   | Work Phone                      |  |  |
| 4250 Velley  | New Ln                  | Emmet+ 83617                            | 365.4262                     | 869-2619                        |  |  |
| TYPE OF REPORT  Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.  This report is for the period from 10/01/2004 through 10/17/2004   |                         |   |                              |                                 |  |  |
| 7 Day Pre-Primary R  | eport L                 | 30 Day Post-Primary Report              | October 10 1                 | Pre-General Report              |  |  |
| 7 Day Pre-General R  | eport [                 | 30 Day Post-General Report              | ☐ Annual Rep                 | ort                             |  |  |
| Semi-Annual Report   | Statewide Candidat      | es Only)                                |                              |                                 |  |  |
| Is this Report an a  | umendment?              | es 🔀 No Is this a Term                  | nination Report?             | Yes 🔀 No                        |  |  |
| Section III  | STATEMENT OF            | NO CONTRIBUTIONS OR E                   | XPENDITURES                  |                                 |  |  |
| Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.  I hereby certify that I have received no contributions and have made no expenditures during this reporting period from 10/2004 through 10/17/2004 |                         |   |                              |                                 |  |  |
| Section IV   |                         | SUMMARY                                 |                              |                                 |  |  |
| To reach your Calendar Year of figures to the Column II figure   |                         | nis report's Column I C                 | OLUMN I<br>his Period Cal    | COLUMN II<br>endar Year to Date |  |  |
| Line 1: Cash on Hand January   | 1. This Year*           | \$ _X                                   | XXXXX s                      | -0-                             |  |  |
| Line 2: Enter Cash Balance at  |                         | ting Period** \$                        |                              | XXXXXX                          |  |  |
| Line 3: Total Contributions (E   |                         | 1 -                                     | \$                           | 100.00                          |  |  |
| Line 4: Subtotal (Add lines 1,   | P                       |   | \$                           | 100.00                          |  |  |
| Line 5: Total Expenditures (E  | 1                       | e 2) \$                                 | <b>\$</b>                    | _ 0 -                           |  |  |
| Line 6: Cash Balance at Close  |                         | 1                                       | s                            | 100.00                          |  |  |
| Line 7: Outstanding Debt to I  | Date                    | \$                                      |                              |                                 |  |  |
| *This same figure should be entered on line 1 of all reports filed this calendar year.  **You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period.  Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.   |                         |   |                              |                                 |  |  |
| Is   | ection V                | CERTIFICA                               | TION                         | -                               |  |  |
| Return This Report To:   |                         | 5.                                      |                              | - <del> </del>                  |  |  |
| Ben Ysursa   | 1 <u></u> M o           | mame of Political Treasurer             | , hereby certif              | y that the information          |  |  |
| Secretary of State   | in this rep             | ort is a true, complete and correct     | Campaign Financial Dis       | sclosure Réport as              |  |  |
| PO Box 83720<br>Boise ID 83720-0080  | required t              |   |                              | O. N                            |  |  |
| phone: (208) 334-2852  | required (              | D.                                      |                              | 10/27                           |  |  |
| fax: (208) 334-2282  |                         | Signature of Politi                     | ical Transurer               |                                 |  |  |
|  |                         | Signature of Politi                     | CAI ILEMPALEL                | 1                               |  |  |
|  |                         | Page 1                                  |                              |                                 |  |  |